

Homœopathic Hospital Statistics.

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I am tempted to publish some notes on the subject of homœopathic hospital statistics, which were prepared by me six years ago for my own satisfaction, and which give, I think, a clearer view of the character of these mendacious documents than anything yet published. To one practically acquainted with the mechanism of hospital statistics, the following arguments will appear superfluous; and, indeed, I should consider them unworthy of publication, were it not apparent that many minds have been stunned and confused by the circumstantial character of the evidence so assiduously kept before the eyes of the public by the professors of quackery, and backed by the indiscreet concessions of some of the avowed friends of science. Homœopathy has, in fact, found out the soft side of the present age, and, in working up its delusive "experience" into the form of statistical statements, has applied itself with great dexterity to meet the requirements of that inductive and numerical method which so largely prevails, and is often so blindly followed in our science. There are still too many cultivators of medicine in all its departments, who "strain at a gnat," in the shape of what they call speculation or theory, but are ready to swallow any amount of doctrine which professes to be founded simply on facts; and there are not a few, with whom, especially in therapeutics, a neatly elaborated statistical document is at all times sufficient to outweigh the principles and experience of centuries, if not written in hundreds, and tens, and units. For my own part, I am convinced, that a blunder or a lie is

no whit less untrue when repeated a thousand-fold, mixed up with a questionable amount of truth, and published in a heterogeneous mass of statistics, than if it had been placed before the world in an isolated form. If good faith, sound judgment, and mature experience, be not at the root of an appeal to my convictions, the mere accumulation of instances, and their apparently exact statement in numbers, appears to me only the statement of cumulative error, in which the bias, the blunders, the dishonesty of the recorder may be assumed to be concealed by the difficulty of removing the rubbish he has collected around them. It is enough, with respect to homœopathic statistics, to know that they are collected by a few obscure hospital physicians, from cases selected, named, and treated without control, with the single object of procuring facts in aid of a preconceived therapeutical dogma, and with the knowledge that the organs of quackery are prepared to carry the results all over Europe to the public ear as an indubitable triumph. Suppose Dr. Fleischmann, for instance, to have selected and written down his cases under the same curious views of scientific morality which dictated the following appeal to ignorance against science, by a "regular and well-educated (homœopathic) physician :"—"Common sense is quite competent to decide which of two systems of treatment is the best; that which has the greatest number of recoveries or that which has not." Are the facts collected under this view of the requirements of science likely to be scrutinised with the scepticism and judicial impartiality necessary, even in an honest mind, to produce a correct result? Or are we not rather justified in ascribing, *à priori*, to statements so collected and so guaranteed, the errors and vices of the most unscrupulous partizanship? The "facts" of Professor Holloway are attested by more impartial witnesses; the balance-sheet of Mr. Hudson had a far greater appearance of numerical exactness.

Let us assume, however, for a moment, that the "facts" of these boasted statistics are entitled to be received within the domain of science, and to be subjected to its ordinary processes of analysis. Let us make, for the sake of argument, the enormous concession, that the framers of homœopathic statistics, unlike all other crotchet-mongers, have proceeded with judicial impartiality and unerring

accuracy in the naming of their cases, and have entirely avoided the temptations to "make things pleasant" by applying the most formidable names in the nosology to comparatively slight diseases. Let us admit that the deaths, admissions, etc., are correctly stated as to numbers; that every patient recorded as cured went forth rejoicing into society without a trace of his disorder remaining; and, in short, that the whole statement is constructed as if it had never occurred to Dr. Fleischmann and his coadjutors, any more than to an ordinary hospital physician, that the stability of his system depended upon the results he could show to the public and to his government; after all these admissions, what is the real scientific result of the homœopathic statistics? I do not hesitate to declare it to be my belief, after careful consideration of the subject, that the ratio of mortality, under the circumstances narrated, is enormously high. To prove my position, let me request your readers to follow me into a few details, which I venture to promise will be found easy to follow and to apply, and consequently equally easy, if erroneously applied, to confute.

The statistical homœopaths are clamorous in their demands for a comparison between the results of homœopathic and what they insultingly nickname *allopathic* hospitals. They point triumphantly to the contrast between Dr. Fleischmann's Hospital, at Vienna, conducted on their principles, and the general hospital of the same city, in which the ordinary treatment of disease, diversified to some extent by Dr. Skoda's do-nothing system, is supreme. The disingenuousness of this comparison is of a piece with that of the appeal to public ignorance against the conclusions of science to which I have alluded in a former part of this communication. Every one familiar with the routine of hospitals knows well, that a large, well-known, and accessible institution, such as the recognised general hospital of a metropolis, will inevitably attract into its wards the most desperate, the most poverty-stricken, the most abandoned and forlorn cases to be found within its range, and will, by the very fact of withdrawing these, tend to improve the mortality-list of other smaller and less central institutions. The Hôtel Dieu at Paris, the Santo Spirito at Rome, Guy's, and others in London, attain in this way a high ratio of mortality, simply by the fact, that these are

the popular hospitals of their respective districts. Indeed, their influence is often felt in this respect far beyond the limits of the town in which they are placed. There is not a shadow of a doubt that the principal hospitals of London, Birmingham, Liverpool, Manchester, Edinburgh, and Glasgow absorb, so to speak, a large portion of the mortality of multitudes of provincial hospitals all over this kingdom. Compare, for instance, the average mortality of thirty provincial hospitals in England (4·46) with that of fourteen taken indiscriminately from London and some of the considerable towns (7·79). (a) The difference here, though nearly 75 per cent., is not by any means so great as might legitimately be shown, as many of the towns enumerated in the second list are, to some extent, under the protective influence of still more populous communities and more frequented hospitals. Thus, Addenbrooke Hospital, Cambridge, has a mortality of 2·4 per cent.; Canterbury, 2·0; Exeter, 3·2, &c.; while the great hospitals of London, Manchester, Edinburgh, Glasgow, vary between 5 and 12 per cent. of ordinary mortality.

If I were to give a formula for the arrangements of an hospital designed to exhibit a low rate of mortality, it would be this: Choose your site well; let it be not *in*, but *near*, a large city having already hospital accommodation on a prodigious scale, well known to the poorest classes of the community, and adapted to their wants; let the distance from the centre be such (say three miles) as will keep back the extremely abject and the dangerously diseased, either through want of knowledge of your institution, or want of power to reach it; let the arrangements be so perfect as to contrast favourably with the older hospitals, and to attract the valetudinarians, whose illnesses and means permit them to avail themselves of its superior accommodation; and, finally, let some special practice be pursued, in order to enlist the sympathies of rich or idle *dilettanti*, who will know how to fill your wards with the sort of cases suitable for your experiment. This is precisely the picture of the Vienna Homœopathic Hospital, which has the amazing effrontery to call upon us to compare its peddling *experi-*

(a) Statistics of Civil Hospitals, by J. Thomson, Esq., *Medical and Surgical Journal*, 1843, Vol LX. The succeeding calculations in this paragraph are from the same paper.

ments with the great labours of pure beneficence, of which general hospitals of this and other countries furnish examples. Such experiments, of which the means are human sufferings and dangers, and the avowed and foregone conclusion is the exaltation and triumph of a sect, surely argue anything but the charity which "is not puffed up" and "seeketh not her own."

But, whether right or wrong, the experiment has been made, the challenge is before the public, and I am prepared to meet it by a comparison of the results of Fleischmann's with those of other hospitals. I fix upon Fleischmann's because it is necessary to *my* sense (though not probably to that "common sense" which is "quite competent to decide," &c.) to go a little into detail; and what can be shown to be true of the Vienna experiment (the first and the most triumphantly paraded) may probably be assumed to be true of others. I shall take, then, the eight years of Fleischmann's Hospital, from 1835 to 1843, (the results of which are given at length in the work of Drs. Drysdale and Russell, and partially in Dr. Forbes's celebrated review,) and I shall compare them with the results of two years in the Edinburgh Infirmary (1842-3), in which the aggregate number of "experiments" happens nearly to coincide with that of the Vienna hospital in the eight years mentioned. The returns in Edinburgh for these years were drawn up by Dr. Peacock, now of St. Thomas's Hospital, whose name is a guarantee at once for their business-like accuracy and their good faith, so far as these could be secured by him. Let me add, that I am guided in my selection exclusively by the circumstances above mentioned. If the Vienna General Hospital, or any other, can be shown to reverse my conclusions, I shall unquestionably feel myself bound to admit the fallacies of my argument; but in the meantime I am taking at least no unfair advantage in comparing results which have lately been declared on high homœopathic authority, "*far beyond the reach of any other known method of treatment,*" with those of the hospital which has the reputation of the most open doors, and the highest mortality in this country.

In the works already referred to, the aggregate of cases in Dr. Fleischmann's Hospital is stated at 6551 (including 27 cases remaining from 1834); deducting 50 which remained in the house at the end of 1843, the aggregate num-

ber treated and dismissed was 6501. Of these 407 died; a mortality per cent. of 6·26, or a little more than 6¼. In Edinburgh the numbers were :—

In 1842 total number 3529 Deaths 443 or 12·5 per cent.

In 1843 „ 2840 „ 315 „ 11·0 „

In both years 6369 „ 758 „ 11·9 „

But from this aggregate it is right to deduct the fevers, which constitute a very large and *fluctuating* portion of the diseases in both hospitals. Accordingly we have—

	Vienna.		Edinburgh.
Total cases	6501	....	6369
Deduct fevers	1855	....	1822
	<hr/> 4646		<hr/> 4547

And if now we allow for a few more cases of epidemic disease, which are in larger proportion in Vienna, during the period referred to, than in Edinburgh, it will be observed, that the list of what may be considered as sporadic or non-epidemic diseases presents a very close approximation, in its aggregate numbers, in the two returns. Not so the mortality, which is 5·46 per cent. greater in Edinburgh, or not very far from double that of Vienna. Nay, for sporadic diseases, I am willing to call it *double*, since the fevers in Vienna, having a mortality of 8·46, tend to exalt the total mortality; while in Edinburgh they leave it almost unaltered, giving in the respective years a mortality of 12·5 and 11·1 per cent. Such is the homœopathic triumph, *primâ facie*; and this is the usual nature of the appeal to “common sense,” which, though so eminently “competent to decide,” seldom travels (in homœopathic company) much further than to a conclusion of the above kind. I have, however, a little further appeal to common sense.

If any one familiar with the diseases of European countries were asked what were the chief sources of mortality, especially in our hospitals, (apart from epidemic diseases,) he would at once answer, without hesitation, phthisis pulmonalis, disease of the heart, Bright’s disease of the kidney, apoplexy, paralysis, and softening of the brain, and, in a less degree, organic disease of the liver. These diseases are not only among the most frequent, but they are by far the most intractable, in our hospital lists. Excluding epidemics,

I believe I should not go far wrong in saying, that in Edinburgh Infirmary the diseases I have named make up half the deaths, and the first disease alone about a quarter of them. Nor does the proportion appear to be very widely different in the Vienna *General Hospital*, except that phthisis has a higher proportion to the other diseases, causing about one-third of the entire mortality, epidemics included. (a) These diseases are the *opprobria medicorum*, and (to follow up my former advice) I should advise the managers of an hospital solicitous about appearances, by all means to steer clear of them. How successfully this has been done in the Homœopathic Hospital will be seen in the following comparison. In the nearly equal aggregates of cases above noted we have the following numbers of these diseases admitted :—

	Edinburgh.	Vienna Homœopathic.
Phthisis pulmonalis ..	.. 276	98
Disease (organic) of heart ..	.. 159	15
Bright's disease of kidney ..	.. 82	0 (!)
Paralysis .. ..	.. 103	5
Apoplexy .. ..	.. 14	9
Disease (organic) of liver ..	.. 33	1
	<hr/> 667	<hr/> 128

All commentary upon this is unnecessary; the numbers speak for themselves. The whole number of these really fatal diseases, according to the returns of both hospitals, is between five and six times as great in the Edinburgh institution devoted to the relief of the sick, as in the Vienna one devoted to the glorification of homœopathy by *experiment*! The most fatal and most frequent disease of northern latitudes is nearly three times as numerous; the next in fatality and frequency ten times as numerous; a third almost equally formidable indefinitely more numerous in Edinburgh, inasmuch as this last does not appear in the homœopathic returns at all!

In order, however, to make the conclusions which legitimately spring from this investigation more completely irresistible, I have had the curiosity to make a few further

(a) See the returns of Dr. Haller in the "*Zeitschrift der K. K. Gesellschaft, etc., zu Wien.*" I have before me the returns for 1848, in which phthisis gives 984 out of 2808 deaths.

selections from the returns. I give below the remaining instances in which the Edinburgh proportion of cases materially exceeds the homœopathic. As if by magic, they turn out to be, with but two exceptions, the most intractable enemies with which the practitioner has to deal. They are as follows:—

	Vienna	
	Edinburgh.	Homœopathic.
Neuralgia	14	0
Internal Aneurism..	18	1
Diabetes Mellitus ..	17	0
Amaurosis	15	0
Caries and Necrosis ..	57	5
Malignant Tumours ..	55	0
Other Tumours	36	0
Bronchitis (acute) ..	118	15
Rheumatism (acute and chronic) ..	343	188

Of these last items, I have more to say immediately; meantime, by way of contrast, and to show, if possible, still more conclusively the principle on which homœopathic cases are selected for treatment, I shall reverse the picture, and give a list of the diseases which predominate to a large extent in Fleischmann's Hospital.

	Vienna	
	Homœopathic.	Edinburgh.
Chlorosis (and amenorrhœa) ..	90	48
Cholera	24	2
Colic	45	10
Diarrhœa	114	28
Dysentery	44	16
Erysipelas and Erythema ..	212	82
Gout	140	0
Hæmoptysis	50	8
Headache	61	37
Herpes	20	1
Inflammation of brain ..	17	8
Endocarditis	29	(?)
Pneumonia	300	83
Pleuritis	224	32
Peritonitis	105	19
Cynanche tonsillaris ..	301	34
Influenza	52	0
Varicella	110	2

The predominance of influenza is evidently owing to the period embraced by the returns having included an epidemic visitation of this disease. Possibly the number of cases of cholera, diarrhœa, and dysentery, (or what may have passed under the latter name,) and of erysipelas, may have had a similar explanation. But what is the rest of this list, which forms the staple of the homœopathic experiment? Is it not composed, without an exception, of the *curable*, often of the *easily and constantly curable* diseases of the economy? Nay, is it not plain to the most ordinary allowance of common sense, that cases have been admitted by dozens, probably by hundreds, for no other purpose than to contribute to the success of the experiment, and to swell the triumph of homœopathy? I cannot imagine to what purpose else we have 300 cases of sore-throat, and 20 of herpes; (a) diseases which are rarely, except in the most special cases, admitted into any of our great hospitals in this country, on account of the pressure of the more severe and fatal diseases to which, as shown above, our doors are thrown open, while our experimentalists turn their backs on them, or at least give them the cold shoulder! To be sure they are ugly subjects for curative experiments, these same phthisical cases, and organic diseases of heart, liver, and kidney; and, whatever one may think of the honesty, no one can doubt the prudence of giving the preference to sore throats and shingles, as well as to catarrh, dyspepsia, colic, headache, and a host of the minor ills which will be found to be numerically strong in the returns.

And now I assert, without fear of contradiction, that the homœopathic returns are not only void of triumph to the system, but that they cover it with disgrace. With such a selection of cases as I have shown above, I maintain they ought to have reduced their mortality to a far lower point than they have done. It is of no use to quote alleged cures of pneumonia or pleurisy, and to demand comparisons with "the best hospital physicians who use allopathic remedies."

(a) Varicella might be added, but this disease, being contagious, ought certainly to be admitted more largely with us. For those above mentioned there is no excuse; they ought scarcely ever to be hospital diseases, except when allied to others. In the General Hospital of Vienna, in 1848, with three times the number of admissions (21,409) there are but 216 cases of inflammation connected with the mouth, gums, teeth, palate, or tonsils; about one-third less than the above cases of cynanche alone!

I think we are justified in believing that the cases of individual disease, like the general returns, are a sham and a fraud; and that the contrast between pneumonia at a homœopathic hospital, and pneumonia in the Edinburgh Infirmary, would be, if we could get to the root of the matter, as great as between the general lists in the one and the other hospital. Every one who has gone about the wards of an hospital in search of crepitant râles and dulness on percussion, knows that there is nothing so easy to find or so often cured as the slighter degrees of what may be technically called pneumonia; and as to pleuritis, if we may trust the evidence of *post-mortem* examination, its simpler forms must be of immense frequency; so that if our scrupulous experimentalists chose to place everything which we commonly term rheumatic stitch under that convenient and formidable-looking designation, it would not be easy to prove them wrong. They have, however, betrayed themselves in one point;—in giving the cipher of 300 to pneumonia, and only 15 to the far more frequent disease, bronchitis, (a) they have committed what, according to Napoleon, is “worse than a crime—a blunder;” showing that it requires a more adroit management than even that of our experimentalists, to manufacture statistics of plausible and serious aspect from the miniature types of disease by which they (very judiciously) think proper to test the efficacy of their system.

I feel that it is useless to enter into further details as to this statistical fraud. It is, I hope, abundantly evident, that, even supposing the numbers to be correctly stated, and the docketing of the cases to have been free from objection, the character of them, as reported, is such as to imply selection; and, on the other hand, it is next to certain, that no dependence whatever can be placed on the statements of the reports, in regard to the nomenclature of diseases. We have, therefore, only to deal with the fact, that an hospital in which there is reason to think that the

(a) It has been stated that bronchitis is rare in Germany; but surely with very little reason. Not to mention that the German literature of bronchitis is both larger and better than our own, or than that of France, the following are the returns of the Vienna General Hospital:—Catarrhs, (bronchitis, etc.,) 2078; pleuritis, 427; pneumonia, 509: and this out of 21,409 cases. Compare the homœopathic results of 6501 cases, viz., catarrhs, (bronchitis, cough,) 118; pleuritis, 224; pneumonia, 300.

vast majority of the cases were of the most trivial description, has a mortality of 6·26 per cent.; and that the interested partizans of the system therein pursued, demand for this result the palm of an unquestionable superiority, or (in the words of one of their leaders,) proclaim it “far beyond the reach of any other known method of treatment.” To this it is enough to answer, that many hospitals in England have an average mortality much below that above mentioned; I have already instanced three of these, (Canterbury, 2·0 per cent.; Cambridge, 2·4; Exeter, 3·2.) I might add, that of eight district general hospitals in Scotland, noticed in the article by Mr. Thomson, already referred to, three have a smaller mortality than the homœopathic institution, viz., Dundee, 5·10 per cent.; Aberdeen, 4·66 per cent.; and Inverness, 4·36 per cent. All of these hospitals are, like that of Edinburgh, recipients of a considerable proportion of incurable cases, and I do not believe that any of them admit 5 per cent. of cases of *cynanche tonsillaris*. I am not so well acquainted with the class of cases admitted into English provincial hospitals; but, in a list of thirty of these institutions in the paper above referred to (from materials in the *British Almanack* for 1836-7,) *there are only two whose mortality is not less* than that of the Homœopathic Hospital of Vienna, and the average mortality of the whole thirty (4·46) is less by nearly a third. So that the unprecedented success of homœopathic treatment is not only a very ordinary and moderate success as compared with hospitals in general, but as compared with hospitals of the size of Fleischmann’s (fifty beds) it would be found to be a positive failure; and doubly, trebly a failure, when we take into consideration all the facts revealed in the preceding part of this letter.

Before concluding, I cannot resist alluding to one other subject,—I mean the proportion of cures. In the record of a death, it is impossible to show any bias, or in any way to deviate from accuracy without gross falsehood, with correspondingly great risk of detection. But, in the column of cures in this hospital may be read the character of the whole of its records. The alleged cures in the Vienna Homœopathic Hospital are 92 per cent. of the whole cases; and, as the deaths are 6·25 per cent., it follows that there is actually *scarcely any medium between death and cure!* To any one who knows what hospital cases are, or should be

this simple statement proves rather more than was intended. Compare it with the returns of any hospital which has no system to support—I choose Dumfries, simply because its mortality is identical with that of Fleischmann's Hospital :—

	Cures per Cent.	Deaths per Cent.
Fleischmann's Hospital..	.. 92·	6·26
Dumfries „ ..	.. 76·02	6·26

Alas for the

“ Vaulting ambition, that o'erleaps itself,
And falls”

on the other side of truth and probability! In straining every nerve after this ideal and fictitious ratio of cures, Dr. Fleischmann unluckily forgot the following ugly dilemma: If, from the excellence of his art, or any other cause, he was enabled to cure 16 per cent. more than Dumfries, why was his skill not equally effective in reducing the mortality? There can be only two answers to this question, and we may give the homœopathists their choice of them. Either the cases were really curable in enormous proportion, and the homœopathic art is responsible for a mortality which must be considered, under these circumstances, quite appalling; or the alleged cures are a mockery and a delusion, inconsistent with nature and fact, and cunningly dressed up for the indiscriminating wonder of the multitude. To apply an uncharitable judgment of Dr. Fleischmann's to his own case, “ *Curantur in libris—moriuntur in lectis.*”

And now I leave the question of the results of homœopathic hospital treatment, without hesitation, to the judgment of “common sense.” I only stipulate that “common sense” will take the trouble to make herself acquainted with the facts of the case as stated and analysed above, and will protect and arm herself against sophistry and disingenuousness by an alliance with another equally useful personage, “common honesty.”

I have performed a task which I felt to be due to the public at this crisis, though by no means agreeable to myself; and I now willingly take leave of the subject, trusting that I may have not wearied the readers of the *Times and Gazette* with the unusual, though necessary, length of my communication.

Edinburgh, March 1852.